

**IN-HOME SUPPORTIVE SERVICES
QUALITY ASSURANCE INITIATIVE**

FORMS WORKGROUP

FRIDAY JULY 7, 2005

Please note change in meeting date from June 24

10:00 A.M. – 12:30 P.M.

LOCATION:

**HEALTH & HUMAN SERVICES TRAINING CENTER
9323 Tech Center Drive, Conference Room 2
Sacramento, California**

**Agenda, May 24th meeting summary and
draft forms attached for your review**

Note: If reasonable accommodations are needed to attend this meeting, or if you need the meeting materials provided to you in an alternate format including Braille, large print, computer disk or tape cassette, please contact Andrea Allgood at (916)-229-3494 before 4PM on Friday, July1, 2005.

AGENDA
FORMS WORKGROUP
IN-HOME SUPPORT SERVICES
QUALITY ASSURANCE INITIATIVE

July 7, 2005

10:00 A.M. – 12:30 P.M.

LOCATION: Health and Human Services Data Center
9323 Tech Center Dr., Conf. Room 2, Sacramento

- **Introductions/Housekeeping** **10:00 am**
- **Review of 5/24 Forms Workgroup and Outcomes for today** **10:15 am**
- **Group Discussions** **10:30 am**
 - **Protective Supervision Form**
 - **24-hours-a-day Care Plan Form**
- Break** **11:15 am**
- **Provider Enrollment Form** **11:30 am**
- **Next Steps / Assignments** **12:15 pm**
- **Adjourn** **12:30 pm**

If you plan to participate via telephone, **please RSVP to Andrea Allgood at (916) 229-3494 by July 6, 2005.** The toll-free call-in line number is: **1-888-324-7570**, *pass code is:* **62667** and the Leader is ***Brian Koepp***. If reasonable accommodations are needed to attend this meeting, or if you need the meeting materials provided to you in an alternate format including Braille, large print, computer disk or tape cassette, please contact Andrea Allgood at 916-229-3494 before 4PM on Friday, July 1, 2005. ♦ **NEXT MEETING:** *To be arranged* ♦

PROTECTIVE SUPERVISION 24-HOURS-A-DAY COVERAGE PLAN

Please Print

Name of IHSS Consumer:	Consumer's Telephone #:
IHSS Consumer Address:	
Name of Primary Contact Responsible:	Contact's Telephone #:
Relationship to Consumer:	

As the primary contact for arranging the 24-hour coverage plan for the above named consumer, I acknowledge my understanding of the following:

- A 24-hour-a-day coverage plan has been arranged and is in place.
The continuous 24-hour coverage plan can be met regardless of paid In-home Supportive Service (IHSS) hours, through any of the following, or combination of services:
 1. IHSS;
 2. Alternate resources;
 3. A reassurance phone service when feasible and appropriate.
- The 24-hour-a-day coverage plan will be provided at all times.
- If there is any change to the 24-hour-a-day coverage plan (i.e. hospitalizations, attendance in day-care programs, travel, etc., I will immediately **notify the IHSS social worker**.
- The above named consumer has an established need for 24-hour Protective Supervision if he/she is to remain safely in the home. The IHSS social worker has also discussed with me the appropriateness of out-of-home care as an alternative to 24-hour protective supervision.

Name of Care Provider (1):	Contact Phone #:
Name of Care Provider (2):	Contact Phone #:
Name of Care Provider (3):	Contact Phone #:

Describe Protective Supervision 24-Hour-A-Day Coverage Plan

Signature of Primary Contact Responsible:	Date:
Signature of IHSS Social Worker:	Contact Phone #:

Assessment of Need for Protective Supervision for In-Home Supportive Services Program

☐ Release of Information Attached

Attending	Patient's Name:	DOB: / /
Physician's /	Medical ID#:	County ID#:
Medical Professional's	IHSS Social Worker's Name:	
mailing address	County Contact Telephone #:	County Fax #:

Your patient is an applicant/recipient of **In-Home Supportive Services** (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to monitor the behavior of non self-directing, confused, mentally impaired or mentally ill persons.

Protective Supervision is **not** available when :

- (1) the need for supervision is caused by a physical condition rather than a mental impairment;
- (2) prevention or control of antisocial or aggressive behavior is necessary, (including self-destructive behavior, destruction of property, or harming others); or
- (3) a medical emergency (such as seizures, etc.,) is anticipated.

Please complete this form and return it promptly. Thank you for your assistance.

Date patient last seen by you:	Length of time you have treated patient:
Diagnosis / Mental Condition:	Prognosis: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary – Timeframe: _____
Please check the appropriate boxes	
MEMORY <input type="checkbox"/> No deficit problem <input type="checkbox"/> Moderate or intermittent deficit (explain below) <input type="checkbox"/> Severe memory deficit (explain below) Explanation: _____ _____	
ORIENTATION <input type="checkbox"/> No disorientation <input type="checkbox"/> Moderate disorientation / confusion (explain below) <input type="checkbox"/> Severe disorientation (explain below) Explanation: _____ _____	
JUDGMENT <input type="checkbox"/> Unimpaired <input type="checkbox"/> Mildly Impaired (explain below) <input type="checkbox"/> Severely Impaired (explain below) Explanation: _____ _____	
1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ _____	
2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you have any additional information or comments? _____ _____	

CERTIFICATION: I certify that I am licensed to practice in the State of California and that the information provided above is correct.

Signature of Physician

or Medical Professional: _____ **Date:** _____

Address: _____ **License No.** _____

Telephone: (_____) _____

RETURN THIS FORM TO: COUNTY'S MAILING ADDRESS, CITY, CA, ZIP; ATTN: SW NAME

In-Home Supportive Services Care Provider Enrollment Statement

Report any suspected elder or dependent adult abuse to Adult Protective Services at 1-800-510-2020. Persons who are paid or volunteer care providers, including IHSS Individual Providers, are Mandated Reporters [(W&I Code 15630(b)(1)].

Care Provider Name:			Date of Birth:
Care Provider Address:			Phone Number:
Mailing Address (If Different)			Social Security #:
Drivers License # (or California ID):			Expiration Date:
Relationship to client:	Ethnic Origin:	Sex:	Start of Service: (mm / dd / yyyy):
<p>Within ten years of the date of this statement, have you been convicted or incarcerated following conviction for a crime involving fraud against a government health care or supportive services program?</p> <p><i>An individual who, in the past ten years, has been convicted for, or incarcerated following a conviction for, fraud against a government health care or supportive services program is ineligible to be enrolled as a provider or to receive payment for providing supportive services.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, list all offenses and conviction date or incarceration release date following conviction for any of these crimes (mm / dd / yyyy):</p>
<p>Within ten years of the date of this statement, have you been convicted for, or incarcerated following conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code, or similar violations in another jurisdiction? See attached.</p> <p><i>An individual who, in the past ten years, has been convicted for, or incarcerated following a conviction for, a violation of subdivision (a) of Section 273a of the Penal Code or Section 368 of the Penal Code is ineligible to be enrolled as a provider or to receive payment for providing supportive services.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, list all offenses and conviction date or release from incarceration date following conviction for any of these crimes (mm / dd /yyyy):</p>
<p>Fraud is a crime. Fraud is knowingly providing false information or failing to provide all necessary information in order to get benefits that you are not lawfully entitled to receive. If you commit fraud you can be convicted and go to jail.</p>			

By signing this form I agree to reimburse the state for any overpayments paid to me as determined in accordance with Welfare and Institutions Code Section 12305.83, and that the amount of any overpayment, individually or in the aggregate, may be deducted from any future warrant to me for services provided to any recipient of supportive services, as authorized in Welfare and Institutions Code Section 12305.83

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Signature: _____ Date: _____

Print Name: _____

Photo ID checked by: _____ Title: _____

In-Home Supportive Services Care Provider Enrollment Statement

Penal Code 273a.

- (a) Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.
- (b) Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.
- (c) If a person is convicted of violating this section and probation is granted, the court shall require the following minimum conditions of probation:
 - (1) A mandatory minimum period of probation of 48 months.
 - (2) A criminal court protective order protecting the victim from further acts of violence or threats, and if appropriate, residence exclusion or stay-away conditions.
 - (3) (A) Successful completion of no less than one year of a child abuser's treatment counseling program approved by the probation department. The defendant shall be ordered to begin participation in the program immediately upon the grant of probation. The counseling program shall meet the criteria specified in Section 273.1. The defendant shall produce documentation of program enrollment to the court within 30 days of enrollment, along with quarterly progress reports.
(B) The terms of probation for offenders shall not be lifted until all reasonable fees due to the counseling program have been paid in full, but in no case shall probation be extended beyond the term provided in subdivision (a) of Section 1203.1. If the court finds that the defendant does not have the ability to pay the fees based on the defendant's changed circumstances, the court may reduce or waive the fees.
 - (4) If the offense was committed while the defendant was under the influence of drugs or alcohol, the defendant shall abstain from the use of drugs or alcohol during the period of probation and shall be subject to random drug testing by his or her probation officer.
 - (5) The court may waive any of the above minimum conditions of probation upon a finding that the condition would not be in the best interests of justice. The court shall state on the record its reasons for any waiver.

Penal Code 368.

- (a) The Legislature finds and declares that crimes against elders and dependent adults are deserving of special consideration and protection, not unlike the special protections provided for minor children, because elders and dependent adults may be confused, on various medications, mentally or physically impaired, or incompetent, and therefore less able to protect themselves, to understand or report criminal conduct, or to testify in court proceedings on their own behalf.
- (b) (1) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured, or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health is endangered, is punishable by imprisonment in a county jail not exceeding one year, or by a fine not to exceed six thousand dollars (\$6,000), or by both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years.
(2) If in the commission of an offense described in paragraph (1), the victim suffers great bodily injury, as defined in Section 12022.7, the defendant shall receive an additional term in the state prison as follows:

In-Home Supportive Services Care Provider Enrollment Statement

- (A) Three years if the victim is under 70 years of age.
- (B) Five years if the victim is 70 years of age or older.
- (3) If in the commission of an offense described in paragraph (1), the defendant proximately causes the death of the victim, the defendant shall receive an additional term in the state prison as follows:
 - (A) Five years if the victim is under 70 years of age.
 - (B) Seven years if the victim is 70 years of age or older.
- (c) Any person who knows or reasonably should know that a person is an elder or dependent adult and who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured or willfully causes or permits the elder or dependent adult to be placed in a situation in which his or her person or health may be endangered, is guilty of a misdemeanor. A second or subsequent violation of this subdivision is punishable by a fine not to exceed two thousand dollars (\$2,000), or by imprisonment in a county jail not to exceed one year, or by both that fine and imprisonment.
- (d) Any person who is not a caretaker who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of an elder or a dependent adult, and who knows or reasonably should know that the victim is an elder or a dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400); and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).
- (e) Any caretaker of an elder or a dependent adult who violates any provision of law proscribing theft, embezzlement, forgery, or fraud, or who violates Section 530.5 proscribing identity theft, with respect to the property or personal identifying information of that elder or dependent adult, is punishable by imprisonment in a county jail not exceeding one year, or in the state prison for two, three, or four years when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value exceeding four hundred dollars (\$400), and by a fine not exceeding one thousand dollars (\$1,000), by imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment, when the moneys, labor, goods, services, or real or personal property taken or obtained is of a value not exceeding four hundred dollars (\$400).
- (f) Any person who commits the false imprisonment of an elder or a dependent adult by the use of violence, menace, fraud, or deceit is punishable by imprisonment in the state prison for two, three, or four years.
- (g) As used in this section, "elder" means any person who is 65 years of age or older.
- (h) As used in this section, "dependent adult" means any person who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.
- (i) As used in this section, "caretaker" means any person who has the care, custody, or control of, or who stands in a position of trust with, an elder or a dependent adult.
- (j) Nothing in this section shall preclude prosecution under both this section and Section 187 or 12022.7 or any other provision of law. However, a person shall not receive an additional term of imprisonment under both paragraphs (2) and (3) of subdivision (b) for any single offense, nor shall a person receive an additional term of imprisonment under both Section 12022.7 and paragraph (2) or (3) of subdivision (b) for any single offense.
- (k) In any case in which a person is convicted of violating these provisions, the court may require him or her to receive appropriate counseling as a condition of probation. Any defendant ordered to be placed in a counseling program shall be responsible for paying the expense of his or her participation in the counseling program as determined by the court. The court shall take into consideration the ability of the defendant to pay, and no defendant shall be denied probation because of his or her inability to pay.

SUMMARY OF THE FORMS WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau

Location: Health & Human Services Data Training Center
9323 Tech Center Drive
Conference Room 2, Sacramento, California

Date / Time: May 24, 2005, 10:00 am– 12:30 pm

Meeting Objectives: Review the latest Protective Supervision Draft 'C' form, and further identify the needs for development of the Provider Enrollment form.

Meeting Summary:

Jeannie Smalley, co-chair introduced herself and co-chair Pam Borelli, from San Mateo County and opened the workgroup by welcoming attendees. All attendees introduced themselves. The meeting's objective was identified as noted above, a revised agenda, several Registry Applications/Care Provider forms, and the Medi-Cal Disclosure Statement from California Department of Social Services (DHS6207) were provided in the attendee handout packets.

Jeannie explained, since the April meeting had less than 20 participants, the agenda was changed to obtain input from all of today's participants. The first half of the meeting would be dedicated to reviewing "Draft C" of the Protective Supervision form, and second half of meeting would be spent on reviewing the Provider Enrollment form.

Protective Supervision form

Several changes were suggested to the "draft C". Add: "Medical ID#" along with the "County ID #"; more spaces for easy clarity in the description of Protective Supervision paragraph. Eliminate Draft C question # 1 and question # 4. Question #2 becomes #1, adding "If yes, please specify" to comment line; Incorporate Question # 4 from Draft A, replacing question # 3 (which becomes # 2) on Draft C; After Question #5 (which becomes # 3) an additional comment line is added for "Additional comments." The changes will be incorporated into a "Draft D" (attached). Further review and discussion of the revised draft will be solicited at the next Forms Workgroup meeting.

The optional 24-hours a day coverage plan was reworked as discussed, and separated from the Protective Supervision draft form for clarity of it being a separate form.

Provider Enrollment Form

Several forms from various county Public Authorities were presented in the handout packet and discussed during meeting. It was decided that the draft form from Humboldt County would be used as a starting point and mandatory information needed from the DHS form and the current CDSS form would be used to make a new draft form (Provider Enrollment Draft A attached). Draft A of the Provider Enrollment form will be reviewed and discussed at the next Forms Workgroup meeting.

The next Forms Workgroup meeting is scheduled tentatively for ~~June 24~~, 2005

PLEASE NOTE: THE NEXT MEETING DATE HAS BEEN CHANGED TO JULY 7, 2005, DUE TO A MEETING CONFLICT. See agenda for current meeting information.

Meeting was adjourned at 12:45pm

SUMMARY OF THE FORMS WORKGROUP

Meeting Attendees:

Name	Organization
1. Pam Borrelli, Co-Chair	San Mateo County IHSS
2. Jeannie Smalley, Co-Chair	CDSS – QA Monitoring Unit
3. Bill Weidinger	Contra Costa Co EHSD
4. Laurie Silva	CDSS – QA Monitoring Unit
5. Floridama Valencia	Sacramento County IHSS
6. Scott Braithwaite	Sacramento County IHSS
7. Judy Griffin	Placer County IHSS
8. Maher Dimachkle	Dept. of Health Services
9. Lawnedia McAllister	Sacramento County IHSS
10. Judy Leavell	Sacramento County IHSS
11. Fay Mikiska	IHSS Advisory Committee
12. Bernadette Lynch	
13. Tamara Rasberry	SEIU
14. Karen Orlando	SEIU 616, Alameda County
15. Kevin Aslanian	CCWRO
16. Lori Little	Sacramento County IHSS Fraud Investigations
17. Jim Newton	Sacramento County IHSS Fraud Investigations.
18. Rosa Hidalgo	IHSS Public Authority CAPA
19. Pamela Cao	IHSS, QI/QA
20. Laurie Silva	CDSS - QA
21. Jennifer Posehn	CDSS
22. Ramona Walker	CDSS - QA
23. Karan Spencer	CDSS - QA
24. Michele Loftin	CDSS - QA
25. Cyndee Forbes	Sacramento County, IHSS
26. Jeannette Johnson,	Sacramento County, IHSS
27. Jarrett Oddo	Sacramento County QI/QA
28. Wendy Powell,	Sacramento County QI/QA
29. Julia Pascencia	SEIU 434B Los Angeles
30. Mary Wood	Sacramento County, IHSS
31. Ralph Bess	Fraud
32. M. Arguelles	Homecare, SEIU616
33. Diana Kalcic	CWDA